

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

Registrar's No.

36367

4568

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Luke's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution two days  
(Specify whether  
In this community 45 years  
years, months or days)

3. (a) PRINT  
FULL NAME

Charles E Beck

3. (b) If veteran,  
name war No

3. (c) Social Security No.  
None

4. Sex Male 0 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Married  
6. (b) Name of husband or wife Mrs. Maude Beck 6. (c) Age of husband or wife if  
alive 62 years  
7. Birth date of deceased October 26th. 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 11 If less than one day  
hr. min.

9. Birthplace Stark Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

12. Name Alf Beck  
13. Birthplace Kansas  
(State or foreign country)  
14. Maiden name Ella Smith  
15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Beck

(b) Address 611 W. 44th. Street

17. (a) Burial (b) Date thereof 11-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 11-9-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 611 W. 44th. St. 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7  
year 1948 hour 10 minute 12 P.M.

21. I hereby certify that I attended the deceased from  
Pathologist, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death HEMOPERICARDIUM Duration  
CARDIAC TAMPONADE 36 hrs

Due to SPONTANEOUS TEAR IN 36 hrs  
PORTA

Due to possibly SYPHILIS

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 308

Of autopsy SEE ABOVE

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? FL Helwig (Specify type of place) (e) Means of injury F. C. Helwig  
(M. D. or other)  
23. Signature FL Helwig Address St. Luke's Hosp Date signed 11/8

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**